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Stories:

Headline: TRICARE Prime Remote to open for family members
By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, DC -- Families of active-duty service members serving in areas far from a military base and its medical facilities will be eligible soon for a new program designed to

cut their healthcare costs.

The fiscal 2001 Defense Authorization Act provides for TRICARE Prime Remote for Family Members to begin Oct. 1, 2001. Active duty members in locations more than 50 miles from a military medical treatment facility have had TRICARE Prime Remote since Oct. 1, 1999. Their families, however, are covered under TRICARE Standard.

TRICARE Prime Remote is similar to civilian health maintenance organizations and preferred provider plans. Beneficiaries use participating healthcare providers and pay relatively low co-payments and no deductibles. Under TRICARE Standard, users can choose any provider, but they pay deductibles and higher co-payments.

TRICARE Prime Remote for Family Members will affect the families of roughly 80,000 active duty service members, including recruiters, ROTC instructors and staff, and Training with Industry program participants. The new family member program will offer the same co-payment schedule as TRICARE Prime -- much lower than TRICARE Standard.

Coast Guard LCDR Robert Styron, regional operations officer for the TRICARE Management Activity here, said the new program responds to families' complaints about being ordered to remote areas where TRICARE Standard is their only military healthcare option. He acknowledged healthcare can be fairly costly using TRICARE Standard.

Families object because their medical care would be free if they were on a base or in a catchment area, Styron said.

TRICARE officials are still ironing out enrollment details, but expect to publicize steps prior to Oct. 1. Styron stressed individuals can make the process easier when the time comes by ensuring their information in the Defense Eligibility Enrollment Reporting System is current and accurate.

He said the legislation also includes a "waive charges" clause to provide some interim relief until TRICARE Prime Remote for Family Members debuts. Generally, TRICARE plans to waive most cost shares and deductibles incurred by eligible family members between Oct. 30, 2000, and Oct. 30, 2001.

Styron said the clause isn't in effect yet because officials are still working out program details. In the meantime, he advised family members in remote areas to keep all their receipts for co-payments, cost shares and deductibles.

"They may be able to be reimbursed when the details are worked out," he said.

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Headline: USNH Guam access increased with text telephones
By Susan M. Koerner, Pacific Navigator Staff

Accessing healthcare for the hearing impaired just became easier at U.S. Naval Hospital Guam with the installation of text telephone (TTY) systems throughout the hospital and outlying clinics.

According to HMC James Harkins of the hospital's telecommunications department, the new system will include all

the commonly accessed areas of the hospital. "The lobby already has a unit installed," said Harkins. "We also removed one of the booths and now have an area that is accessible for anybody in a wheel chair. We will be adding these units to the Chief of the Day desk, the pharmacy waiting area and the emergency department. Additionally, there will be units at both the ComNavMar and NCTS clinics. Central appointments will also be set up to accept the calls."

The newly remodeled phone spaces are outlined in bright blue and will be completed with a low table and both a telephone and a text telephone unit. The finishing touches will be the installation of signs to indicate the areas to patients.

Harkins said the new phone system is the result of a Performance Improvement suggestion made by another hospital staff member, LCDR Linda Nash of the emergency department.

"It all started because we had someone who kept using the emergency room for care," said Nash. "It turns out he had no way to access the central appointment number since he was hearing impaired." Nash said the suggestion was made because she had seen other military hospitals use the system with good results.

"It was the right thing to do. Also, this brings us more in line with the disabilities act," she said, referring to the Americans with Disabilities Act (ADA) passed in 1990 allowing for equal access to employment, healthcare and public places.

"They hopped right on it," said Nash of the hospital's response to the suggestion. TRICARE provided the funding for the units, and training for staff will be provided by the Guam System for Assistive Technology, through the University of Guam.

Ben Servino, project coordinator at UOG said there is more to the unit than just plugging it in. With funds from the United States Education Department, Servino provides training to all 911 personnel and hospital staff on the aspects of using text technology.

"There are different concerns besides knowing the hardware," said Servino. "There are other issues such as confidentiality, and techniques to improve the communication, such as abbreviations and ways to interrupt mixed messages."

He added that there are portable units small enough to fit in a pocket and can be used much like a laptop computer. "There are many units, some can be used as a voice telephone and text, some can function as an answering machine if you aren't there."

Harkins added that the machines being installed allow the caller to communicate not only with another text telephone, but also with a voice telephone. "The person at the other end will hear an electronic voice telling them it is from a TTY caller so they know to wait while the message is typed."

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Headline: Do-it-yourself appointments come on line at NDC
Yokosuka

By Bill Doughty, U.S. Naval Hospital Yokosuka, Japan

You're on the phone. On hold. Trying to schedule a dental exam and thinking, 'Wouldn't it be great if I could make my own

appointment.'

Well, if you get your treatment at the Yokosuka Naval Dental Clinic and have access to the Internet now you can.

Here's how it works --

Be sure you're signed up for the email reminder service through the Dental Clinic. As long as you have an email account. Dental will send you a reminder email when it's time to schedule your cleaning and examination.

Within the email reminder is a hyperlink. The hyperlink will take you to the online appointment information page that leads you through the process.

On January 8, PCCS(SW/AW) Dale Pinchart, of Fleet Mail Center Yokohama, became the first patient to be treated at Yokosuka's dental clinic after booking his own cleaning and examination on line.

"It was very easy," said Senior Chief Pinchart. "You just go in and click on it where it says you can set up an appointment. I gave them a password and went in and made my own appointment."

You can book the day and time directly that best fits your schedule. And you can go in later to change or cancel an appointment without having to call the clinic. Privacy is protected; you cannot see who else is scheduled for an appointment.

"Previous times we had to call up, and a lot of times you could never get through or it kept ringing or you got put on hold for a long time. But this was really easy. You just go on line and you're done with it," Pinchart said.

Newcomers to Yokosuka who register through PPIP (Put Prevention Into Practice) are automatically added to the database and receive email reminders from the dental clinic.

DT3 Laura Norton, Dental Readiness Coordinator, and LCDR Sean Meehan, Oral Medicine Consultant, run the program in Yokosuka. They or other staff members help people register for the email reminders and show them how on-line booking works.

CAPT Wally Milnichuk, the commanding officer of Naval Dental Center Far East said the new system is a time-saver for patients and staff. The average time to make an appointment is seven minutes, but can sometimes take a lot longer.

"Every one of these appointments that we do on line saves us seven minutes that we can do other things," said Milnichuk. "It also takes pressure off the phone lines."

Patients who prefer not to schedule an appointment on line can continue to book their exam by phone or in person.

Milnichuk said the improved access directly improves mission readiness. " [Readiness is] our highest priority of business, the healthcare required to maintain the readiness of our forces," he said. "And, to some extent, the dental health of our family members also impacts on the readiness of our forces, the comfort of our active duty folks knowing that their family members are cared for."

The online, do-it-yourself appointment service appears to be the first of its kind in military medicine.

Some other clinics and hospitals already have an "email

negotiated appointment service" that allows patients to contact a treatment facility and arrange for an appointment to be scheduled by a clerk or technician. However, in Yokosuka you can schedule your own cleaning or examination on the available day and time that's most convenient for you.

U.S. Naval Hospital Yokosuka and the Bureau of Medicine and Surgery are studying the initiative. Depending on its success, online do-it-yourself appointments could become a standard way to get access to routine medical and dental care at military treatment facilities in the years ahead.

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Cutline: U. S. Naval Dental Center Far East Commanding Officer, CAPT Wally Milnichuk, reviews the on-line appointment site in his office in Yokosuka. (U.S. Navy Photo by Bill Doughty)

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Headline: Pearl Harbor clinic teaches Hawaiian students about drug awareness

HM1(SW) Matthew E. Hanks, NMCLPH, BMC Kaneohe Bay

A CH-53 Marine Corps helicopter landed on a football field behind Hala'ula School on the big island of Hawaii. A myriad of wide-eyed school children eager to participate in the Community Drug Awareness Program (CDAP) and learn about the many pitfalls of tobacco use greeted the Sailors from Naval Medical Clinic Pearl Harbor (NMCLPH) and Marines from Marine Corps Base Hawaii (MCBH). Some of the children wore "cammies" and camouflage paint on their faces in anticipation of the group's arrival. A huge banner on the side of the school welcomed the group. As caring members of the community, this program allows Naval Medical Clinic Pearl Harbor and Marine Corps Base Hawaii to give back to the community by educating the children of Hawaii about the many harmful affects of tobacco use.

The group set up five stations surrounding the CH-53. The corporal's course emphasized physical training and how drugs decrease the body's performance. Navy squadrons demonstrated communication equipment to stress the importance of good communication skills and the military police brought a K-9 deputy who gave remarkable demonstrations. Naval Medical Clinic Pearl Harbor provided basic first aid and tobacco awareness presentations explaining the pitfalls of various uses of tobacco.

The descriptive examples and graphic pictures crystallized the message for the children that any tobacco use just isn't worth the risk. HM3 Jaqueline Youngquist of Branch Medical Clinic Kaneohe Bay demonstrated emergency medical technician prowess by allowing children hands-on manipulation of the vehicle extrication device. She also explained that drugs and alcohol contribute to over 15,935 deaths and over 1 million injuries per year from motor vehicle accidents.

Steve Jensen, coordinator for MCBH CDAP, noted the numerous students talking to each other and to their teachers after the

presentations. They not only discussed the topics presented but how the military members instilled in them a desire to pursue careers in medicine, general military medicine in particular.

The abundance of questions and seriousness of the children's tones indicated genuine interest in the presentations. Children need positive role models while growing up. They need someone to look up to whether it is their parents, or a small group of Sailors and Marines who are willing to take the time to serve twice by serving the country and the community.

After all was said and done the members boarded the CH-53 for the long trip home to the Island of Oahu. Every member of the team left with a feeling of gratification from the positive effect they had on the children of the Hala'ula School.

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Headline: Naval Hospital Pensacola: 175 Years and Counting
By JO2 Eileen M.N. Kelly, Naval Hospital Pensacola

PENSACOLA, Fla. -- Naval Hospital Pensacola Commanding Officer Capt. Robert D. Hufstader placed a wreath on the gravesite of the hospital's first commanding officer last week to commemorate the 175th anniversary of the establishment of Navy medicine in Pensacola.

On January 4, 1826, the Pensacola Navy Yard received its first appointed medical officer to establish a hospital; one newly commissioned Navy surgeon named Isaac Hulse. Pensacola and Navy Medicine have been growing communities ever since.

"Navy medicine is an amazing line and an amazing tradition," said CAPT Hufstader. "The efforts of the Navy and community together have really made some remarkable accomplishments and contributions (to both).

"I think Isaac Hulse would be astounded at the progress of scientific medicine," said Hufstader. The things that killed patients in his time -- primarily malaria and yellow fever -- don't much exist anymore because of antibiotics, and the control and research of infectious diseases, he said.

Hulse requested assignment to Pensacola to become the first officer in charge of establishing a Naval Hospital. Due to military construction funding delays, it took nearly eight years to erect Naval Hospital Pensacola. The facility was completed in December 1835 on a low bluff facing Pensacola Bay near Fort Barrancas. A 12-foot high brick wall, which remains to this day on board Naval Air Station Pensacola, was built around the hospital.

Hulse served as commanding officer of the Pensacola hospital three times, spending 19 of his 33-year Navy career in northwest Florida before his death in 1856. He is buried at Barrancas National Cemetery on board Naval Air Station Pensacola.

"Naval aviation grew up here (in the Cradle of Naval Aviation), with this being the first naval air station in the world," said CAPT Hufstader. "That wouldn't have been possible without Navy medicine and the kind of cooperation that continues today between the military and the community."

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TRICARE Question & Answer:

Question: What is the National Mail Order Pharmacy Program (NMOP)?

Answer: The NMOP is DoD's new timesaving and inexpensive mail order service for maintenance prescriptions. Beneficiaries can receive free delivery to a home, temporary stateside address, or APO/FPO addresses.

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Healthwatch: Antibiotics aren't always necessary in treatment of child's ear infection

By Dr. Scott Clements, Naval Hospital Pensacola

American children rarely go through their early years without an ear infection. Ear infections are among the most common reasons an antibiotic would be prescribed to a child. Many parents do not really understand how an ear infection occurs, what makes children more likely to have one, what may be done to prevent one, or what the treatments may be.

An ear infection may occur in the outer or middle ear. The outer ear is the portion of the ear external to the eardrum, primarily the ear canal. An infection of the external ear canal is called "swimmers ear."

The middle ear is a space behind the eardrum. A middle ear infection, the common type of ear infection occurring in infants and toddlers, occurs when bacteria or viruses infect fluid in the middle ear space.

Young children get more ear infections because the eustachian tube draining the middle ear is small and easily blocked. Also, children get more colds. Colds nearly always precede ear infections in children. During a cold, the middle ear becomes fluid-filled and congested. Bacteria or viruses present in the mouth and nose infect the warm, fluid-filled middle ear.

Drainage of the infected fluid is often completely blocked during a cold, and the increased pressure in the middle ear results in a pain that occurs during an ear infection. Ear infections themselves are not contagious, but the viruses causing colds are easily spread, particularly in day care environments.

How can parents tell if their child has an ear infection? Unfortunately, no single symptom definitely means an ear infection is present. The most consistent symptom is ear pain. In infants, fussy, inconsolable crying is a common symptom. Fluid or pus may drain from the ear canal. Fever is often present, but ear infections may occur without a fever. Ear pulling is an unreliable sign.

The best treatment if you suspect an ear infection is to give Tylenol or Motrin at a dose appropriate for age or weight. A warm washcloth held to the ear can help relieve pain. Ear infections are not a medical emergency and rarely do children

need to be rushed to an emergency room.

Doctors treat ear infections based on a child's age, risk for complications, history of past infections, and history of antibiotic use. Call your child's doctor for specific treatment tailored to your child.

Not all ear infections require antibiotics for effective treatment. When experts have looked at all the treatments available, they have found many children do not benefit from antibiotics.

The group of children most likely to benefit from antibiotics is under age 2, attends day care, or has a history of difficult-to-cure ear infections.

For most children, ear infections clear in about the same amount of time with or without antibiotics. These children benefit most from increased liquids and treatment for pain and fever with Tylenol or Motrin. Your doctor can determine the best treatment based on symptoms and circumstances. Appropriate antibiotic use benefits all children in reducing allergic reactions and bacterial resistance.

Some children get more infections than do others. Feeding an infant while they are lying flat has been shown to increase infections, as has any exposure to cigarette or wood smoke. Some evidence exists that pacifier use beyond the age of 1 year may contribute to increased ear infections.

Finally, children in day care get more ear infections primarily because they get more colds.

(LCDR Scott Clements is a board-certified pediatrician working in the Naval Hospital Pensacola Pediatric Department.)

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Comments and ideas for MEDNEWS are welcome. Story Submissions are highly encouraged. Contact MEDNEWS editor, At email: mednews@us.med.navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.